Protocol of practical training

 Restorative 4th year

Simulation part

Name and surname:

ID:

Date:

Record and classification

|  |  |  |
| --- | --- | --- |
| Task | Fulfilled | Signature of the teacher |
| Class IV defect - preparation |  |  |
| Silicone key, matrix |  |  |
| Composite reconstruction – shape and polishing |  |  |
| Class III. cavities |  |  |
| Adaptation of the matrix, filling |  |  |
| Class V. preparation for composite, filling |  |  |
| Class II. preparation for composite, caries tooth |  |  |
| Class II. preparation for composite first maxillary molar |  |  |
| Custom ring, class II. cavity for composite first maxillary premolar |  |  |
| Adaptation of matrix. filling |  |  |
| Rubber dam |  |  |
| Work in models |  |

Protocol of practical training

Restorative III.

Clinical part

Name and surname

ID:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Patient | Diagnosis | Description | Code | Stamp and signature of the teacher |
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